IN THE JUVENILE COURT OF JEFFERSON COUNTY, TENNESSEE

	COMMUNITY S	ERVICE TIMESHEET	Docket #:		
			Juvenile ID #:		
Name:		Date Assigned:	Date Assigned:		
Number of Hours Assigned:		Return Date:	Return Date:		
Place Work Is Being Performed	l:				
Work Supervisor(s):		Phone No.:			
supervisor as the work is perfor by your supervisor. If you show 397-2906. You will be required	med. It is your responsibil ald lose this form, you must to repeat any work that mark at more than one site, p	nity service worksite and is to be co- lity to see that the form is completed t contact the Juvenile Court Service hay have been previously done and polease make copies of this form and tervisor.	d and signed s office at posted on a los	st	
ARE TERMINATED FROM Y THE JUVENILE COURT SER WORK HOURS, YOU MUST R JEFFERSON COUNTY JUSTI	OUR SELECTED COMN VICES OFFICE AT 397-2 ETURN THIS FORM TO CE CENTER. You may tu	RK SUPERVISOR. IF YOU DO NOMINITY SERVICE WORK SITE, 2906. AFTER COMPLETION OF YOUTH THE JUVENILE COURT SERVICE IT IN the form at the Juvenile Court Services, P.O. Box 1721, Dan	YOU MUST (YOUR ASSIGN ES OFFICE IN 's business wir	CONTACT VED N THE ndow	
of said child, for the purpose o acts or injuries that may occur	f performing his/her com				
Parent / Guardian Signature		Date			
Date of Work	Time Arrived	Time Departed	Hours Worked	Intials of Supervisor	
			+		
			+		
	Т	otal Hours Worked On This Timesheet =	:		
Signature of Supervisor (Please include	e comments on back, if desired)	Da	te	-	